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Bib Data Sheet

CONFIRMATION NO. 5803

<b>SERIAL NUMBER</b> 09/811,149	<b>FILING DATE</b> 03/16/2001 <b>RULE</b>	<b>CLASS</b> 358	<b>GROUP ART UNIT</b> 2622	<b>ATTORNEY DOCKET NO.</b> 12052.41US01	
<b>APPLICANTS</b> Makoto Ikeda, Osaka, JAPAN; <i>None</i> <b>** CONTINUING DATA *****</b> <i>None</i> <b>** FOREIGN APPLICATIONS *****</b> <i>Yes</i> JAPAN 2000-73321 03/16/2000 JAPAN 2000-241971 08/10/2000 JAPAN 2000-251795 08/23/2000					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/04/2001</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>me</i> Examiner's Signature <i>me</i> Initials <i>me</i>		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 28	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 23552					
<b>TITLE</b> Line illuminating device					
<b>FILING FEE RECEIVED</b> 920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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